

Statement of Deficiencies

8817-F: Orientation

Not Met

Findings/Corrections

8817 F. 2. (a.-c.) Orientation for direct care staff, [6], failed to include an additional five days of supervised training in the following: a) resident care services (ADLs and IADLS) provided by the facility; b) infection control to include blood borne pathogens; and c) any specialized training to meet residents' needs.

8817 F. 3. A new employee, [6], was given sole responsibility for the implementation of a client's program plan before the five day supervised training was completed.

8817 F. 4. A staff member, [6], failed to sign a statement certifying that orientation and the five day supervised training had occurred.

8817 F. 1. (a.-e.) The Provider's orientation program failed to include training in the following topics for staff [6]: a) the policies and procedures of the facility; b) emergency and evacuation procedures; c) resident's rights; d) procedures for and legal requirements concerning the reporting of abuse and critical incidents; and e) instruction in the specific responsibilities of the employee's job.

8817-G: Annual Training

Not Met

Findings/Corrections

8817 G. 1. The Provider failed to ensure that each direct care worker, [4], participated in in-service training each year.

8817 G. 2. (a.-g.) The Provider failed to document that direct care staff, [4], received training on an annual basis in some or all of the following:

- a) facility's policies and procedures;
- b) emergency and evacuation procedures;
- c) resident's rights;
- d) procedures and legal requirements concerning the reporting of abuse and critical incidents;
- e) resident care services (ADLs and IADLS);
- f) infection control to include blood borne pathogens;
- g) any specialized training to meet residents' needs.

8817 G. 3. Direct care staff, 3 of 14 , failed to have documentation of current certification in first aid.

8817 G. 5. An employee, [4], failed to sign a statement of understanding certifying that annual training had occurred in all required topics.

8817-H: Evaluation

Not Met

Findings/Corrections

8817 H. The annual employee performance evaluation for 6 of 14 staff failed to include his/her interaction with residents, family, and other providers.

Statement of Deficiencies

8817-I: Personnel Files

Not Met

Findings/Corrections

8817 I. 1. (b.,d.,e.,f.,h.) The Provider failed to maintain a personnel record for each employee identified below that included:

b. a criminal history check, prior to an offer of employment, in accordance with state law, 9 of 14 staff as follows: OF THESE, TWO HAVE DOCUMENTATION OF CHARGES WITH NO OTHER INFORMATION - ONE HAS CHARGES OF SIMPLE CRIMINAL DAMAGE TO PROPERTY, BATTERY ON A POLICE OFFICER, AND SIMPLE BATTERY PER EBR SHERIFF'S OFFICE, NO REQUEST WAS FILED BY THE PROVIDER WITH THE LA. STATE POLICE. THE OTHER HAS CHARGES OF THEFT (KENNER) AND THEFT BY SHOPLIFTING (CHALMETTE) PER LA. STATE POLICE.; THE THIRD STAFF HAS A CHARGE OF AGGRAVATED BATTERY IN NEW ORLEANS PER EBR SHERIFF'S OFFICE. FINDINGS FROM THE LA. STATE POLICE SHOW A CHARGE FOR ATTEMPTED FELONY THEFT THAT WAS DISMISSED, BUT THAT AGENCY SHOWS NOTHING ON THE AGGRAVATED BATTERY CHARGE. TWO STAFF FILES CONTAIN REQUESTS FROM THE LA. STATE POLICE FOR FINGERPRINTS AS A SIMILAR NAME SHOWS CHARGES/CONVICTIONS. THERE IS NO DOCUMENTATION THAT FINGERPRINTS HAVE BEEN SUBMITTED TO THE LA. STATE POLICE. THE REMAINING FOUR HAVE NO DOCUMENTATION IN THEIR FILES THAT REQUESTS HAVE BEEN FILED WITH THE LA. STATE POLICE (OR ANY OTHER LAW ENFORCEMENT AGENCY). IT WAS EXPLAINED TO THE NEW DIRECTOR THAT ALL REQUESTS MUST GO THROUGH THE LA. STATE POLICE OR AN AGENCY APPROVED BY THE LA. STATE POLICE.

d. documentation of TB test results and any other provider required medical examinations, [ONE STAFF PERSON HAS DOCUMENTATION OF A POSITIVE TB TEST. HER FILE INDICATES SHE BEGAN CHEMO THERAPY BUT DID NOT COMPLETE THE THERAPY.];

f. annual performance evaluation, [DOCUMENTATION IS LACKING IN 6 OF 14 STAFF FILES];

h. documentation of orientation and annual training[THREE STAFF HIRED LESS THAN 12 MONTHS AGO LACK DOCUMENTATION THAT THEY UNDERWENT ORIENTATION TRAINING IN SOME OR ALL OF THE REQUIRED TOPICS. FOUR STAFF EMPLOYED OVER 12 MONTHS LACK DOCUMENTATION THAT THEY UNDERWENT ANNUAL TRAINING IN SOME OR ALL OF THE REQUIRED TOPICS].

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8821-E: Resident Funds

Not Met

Findings/Corrections

8821 E. 3. a. The Provider failed to receive written authorization to manage the resident's funds from the resident and the representative, if applicable. TWO OF THE RESIDENTS HAVE FUNDS BEING MANAGED BY THE PROVIDER.

8821 E. 3. b. The Provider managed a resident's money when such management failed to be mandated by the resident's service plan.

8821 E. 3. c. The Provider failed to keep funds received from the resident for management in an individual account in the name of the resident. TWO OF THE RESIDENTS HAVE FUNDS BEING MANAGED BY THE PROVIDER. THE PROVIDER STATED THE RESIDENTS' FUNDS ARE BEING HELD IN ESCROW IN THE PROVIDER'S OWN BANK ACCOUNT. ALL MONTHLY STATEMENTS FROM THE PROVIDERS CPA SHOW THE AMOUNT OF MONEY BEING HELD FOR EACH CLIENT.

8823-A: Admission Criteria

Not Met

Findings/Corrections

8823 A. 3. The Provider inappropriately entered into contracts with outside providers to give health related services to individual residents. All such services failed to be arranged for by the individual resident, the resident's family or the resident's representative. IN THE RESIDENT RIGHTS THEY ARE ENSURED THE RIGHT TO SEEK THE PHARMACY, PHYSICIAN, DENTIST, OR OTHER MEDICAL PROFESSIONAL, OF THEIR OWN CHOICE. HOWEVER , THEY SIGN A DIFFERENT FORM WHICH REQUIRES THE RESIDENT(S) TO ALLOW THE PROVIDER TO CONTRACT WITH COMMUNITY PHARMACY IN SCOTLANDVILLE, LA. FOR THEIR PHARMACEUTICAL NEEDS. THE PAPER THE RESIDENT SIGNS AT THE TIME OF ADMISSION ALLOWS THEM TO CHANGE PHARMACIES AT A LATER DATE IF THEY ARE NOT SATISFIED WITH COMMUNITY PHARMACY.

8827-C,D: Medications and Health Related Services

Not Met

Findings/Corrections

8827 C. 6. The Provider contracted with an outside source for medication administration for residents. This is prohibited. THE PROVIDER CONTRACTS WITH COMMUNITY PHARMACY IN SCOTLANDVILLE. THE RESIDENTS ARE REQUIRED TO AGREE TO THIS AT THE TIME OF ADMISSION.

Statement of Deficiencies

8829-A: General

Not Met

Findings/Corrections

8829 A. 4. The facility failed to be constructed, equipped, and maintained in good repair and kept free of hazards. THERE IS A LARGE PIECE OF FURNITURE IN ROOM NUMBER 5 THAT IS BEING USED AS A DRESSER. IT HAS A BROKEN LEG AND IS LEANING TO ONE SIDE WHICH MAKES IT AT RISK FOR TURNING OVER AND POSSIBLY INJURING A RESIDENT OR STAFF PERSON.

8829 A. 6. There failed to be evidence of routine maintenance in all areas of the facility. The facility failed to replace or repair broken, worn or defective furnishings promptly. THERE IS A LARGE PIECE OF FURNITURE IN ROOM NUMBER 5 THAT IS BEING USED AS A DRESSER. IT HAS A BROKEN LEG AND IS LEANING TO ONE SIDE WHICH MAKES IT AT RISK FOR TURNING OVER.

8835-B: Director Qualifications

Not Met

Findings/Corrections

8835 B. 2. Documentation of director qualifications failed to be on file at the facility.

8835-E: Bedrooms

Not Met

Findings/Corrections

8835 E. 9. Each bedroom failed to have a closet which opened directly into the room and of sufficient size to serve the occupant(s) of the bedroom. For a bedroom that did not have a closet opening into the room, there failed to be a movable closet or armoire available in the bedroom. THIS IS LACKING IN BEDROOM NUMBER 5.